

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL **375**  
APPLICATION NO. **1311**

FILED DATE  
**01 SEP 1999**

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT										
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		5		51								
2		1		1	5		52								
3		1		1	5		53								
4		1		1	1		54								
5		1		1	1		55								
6		1		1	1		56								
7		1		1	1		57								
8		1		1	1		58								
9		1		1	1		59								
10		1		1	1		60								
11		1		1	1		61								
12		1		1	1		62								
13		1		1	1		63								
14					1		64								
15					1		65								
16					1		66								
17					1		67								
18					1		68								
19					1		69								
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21					1		71								
22					1		72								
23					1		73								
24					1		74								
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42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	13	1	12	1	2	1	TOTAL IND.								
TOTAL DEP.	13	1	13	1	14	1	TOTAL DEP.								
TOTAL CLAIMS	14	2	13	2	16	2	TOTAL CLAIMS								